

Apple Health Renewals

Amy Johnson, Eligibility Policy and Service Delivery September 25, 2014

Agenda

Apple Health Renewals

- Auto-Renewal
- Manual Renewal
- How to Process a Renewal in Healthplanfinder
- Other Renewal Info
- Resource Information



Apple Health Renewals

Apple Health (Medicaid) Renewals

For individuals receiving Apple Health MAGI Medicaid* through Healthplanfinder:

- 60 days prior to an Apple Health recipient's renewal due date, the Healthplanfinder system captures the individual's original application and determines whether he or she is eligible for auto-renewal
- Individuals will be notified whether they have been auto-renewed or that they could not be auto-renewed and must complete a manual renewal

*MAGI Medicaid: Family, Children, Pregnancy and Adult medical programs

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Washington State Health Care Authority

Auto-Renewal Vs. Manual

Auto-Renewal

- Automatic renewal after automated data-match
- No additional information needed by recipient
- Recertified for twelve months

Manual

- Cannot confirm eligibility via automated data-match
- Data-match finds household above Medicaid standard
- Individual must manually complete their renewal



Auto-Renewal

Auto-Renewal

If the original application is determined to be eligible for auto-renewal:

- The individual will be sent a pre-populated notification (Healthplanfinder-EE008) that summarizes their account, household composition, tax filing status, and other application-related information.
- The EE008 notification will inform the individual that their Washington Apple Health determination and enrollment has been renewed for 12 months.

Auto-Renewal

The notification informs the individual they must review the information carefully.

Incorrect information must be corrected by reporting required changes:

- Online at <u>www.wahealthplanfinder.org</u>
- Call Healthplanfinder CSC at 1-855-923-4633
- Make changes to the document received, sign and return via:
 - Mail: PO Box 946, Olympia, WA 98507
 - Fax: 1-855-889-2266



Auto-Renewal:

The EE008 notification informs the individual they have been autorenewed and will continue receiving Apple Health coverage.

521 Capitol Way South PO Box 657 Olympia, WA 98507



- <<Date>>
- <<Individual Name>>
- << Individual Mailing Address>>
- <<City, State, Zip Code>>

Subject - Washington Apple Health Renewal

Dear << Individual Name>>.

We have reviewed your eligibility and we have renewed Washington Apple Hea

Begin Date

<< MM/DD/YYYY (Begin Date

End Date << MM/DD/YYYY (End Date)>>

Application ID:<< Application ID >>

[Washington Apple Health with Premiums Renewal Ta

Decision Review

<<Individual Name>>

Please review the attached insert listing the information we used to determine you are still eligible for Washington Apple Health.

If the information listed is correct and you would still like Washington Apple Health, you do not need to respond to this letter.

If any of the information is incorrect, report the changes or corrections by doing one of the

- Go online through the <HBEURL>;
- Call <HBEPHONE>; or
- Make changes on the attached insert, sign, and mail or fax to: < HBEADDRESS1

HBEADDRESS2

HBECITY HBESTATE

HBEZIP>

Fax Number: <HBEFAX>

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

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EE008



Washington Health Benefit Exchange 521 Capitol Way South PO Box 657 Olympia, WA 98507



<<Date>>

<<Individual Name>>

Application ID:<< Application ID >>

<< Individual Mailing Address>>

<<City, State, Zip Code>>

Subject - Washington Apple Health Renewal

Dear << Individual Name>>.

We have reviewed your eligibility and we have renewed Washington Apple Health for:

Begin Date

End Date

<<Individual Name>>

<<MM/DD/YYYY (Begin Date)>> << MM/DD/YYYY (End Date)>>

[Washington Apple Health with Premiums Renewal Tag]

Decision Review

Please review the attached insert listing the information we used to determine you are still eligible for Washington Apple Health.

If the information listed is correct and you would still like Washington Apple Health, you do not need to respond to this letter.

If any of the information is incorrect, report the changes or corrections by doing one of the following:

- · Go online through the <HBEURL>;
- · Call <HBEPHONE>; or
- Make changes on the attached insert, sign, and mail or fax to:

<HBEADDRESS1

HBEADDRESS2 HBECITY

HBESTATE

HBEZIP>

Fax Number: <HBEFAX>

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

Correspondence ID: <<SystemNumber>>>

Page 1 of 10

Washington Health Benefit Exchange 521 Capitol Way South healthplanfinder PO Box 657 Olympia, WA 98507

Current Account Information

Application ID:<< Application ID >>

Please check the information below that we have on file. You can update this information on line. If you choose to reply by mail, please write the information that has changed in the "Updated Information" column.

Head of Household

	Current Information	Updated Information
First Name	<< First Name >>	
Middle Initial	<< Middle Initial >>	
Last Name	<< Last Name >>	
Social Security number	***-**-<< Last Four Digits of SSN >>	
Date of Birth	<< Date of Birth >>	

Physical Address

	Current Information	Updated Information
Address Line 1	<< Address Line 1 >>	
Address Line 2	<< Address Line 2 >>	
City	<< City >>	
State	<< State >>	
County	<< County >>	
Zip Code	<< Zip Code >>	

Mailing Address

	Current Information	Updated Information
Address Line 1	<< Address Line 1 >>	
Address Line 2	<< Address Line 2 >>	
City	<< City >>	
State	<< State >>	
County	<< County >>	
Zip Code	<< Zip Code >>	

Contact Information

	Current Information	Updated Information
Phone Number	<< Phone Number >>	- and the same of
Alternate Phone Number	<< Alternate Phone Number >>	

Language

	Current Information	Updated Information
Preferred Written Language	<< Written Language >>	
Preferred Spoken Language	<< Spoken Language >>	

Correspondence ID: <<SystemNumber>>

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If you no longer want coverage for anyone named below, please cross out that name and write why you no longer want coverage for them. If any other information for these household members has changed, please write it in the line below their name.

Still Need

Existing Household Members

Name	Gender		DOB	Coverage? (if not, why not)	Residing with HOH	Race(s)
<< Person 1>>	<<>>>	Last Four Digits of SSN >>	<< >>	<< >>	<<>>>	<<>>>
Updated Information for < <person 1="">>?</person>						
<< Person 2>>	<< >>	Last Four Digits of SSN >>	<< >>	<< >>	<<>>>	<< >>
Updated Information for < <person 2="">>?</person>						
<< Person 3>>	<<>>>	Last Four Digits of SSN >>	<< >>	<<>>>	<<>>>	<<>>>
Updated Information?						

Please add the names of anyone not listed who is new in your home.

New Household Members

Name	Gender	SSN	DOB	Need Coverage	Residing with HOH	Race(s)
						17 10
		•	•			•

Tax Status

<<Last Year>> <<Current Year>> <<Next Year>>

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Correspondence ID: <<SystemNumber>> <CORR#>

Washington Health Benefit Exchange 521 Capitol Way South PO Box 657 Olympia, WA 98507 washington healthplanfinder << Person 1 >> <<>>> << >> Updates for Person 1? << Person 2 >> <<>>> <<>>> << >> Updates for Person 2? << Person 3 >> << >> << >> << >>

Tax Status for New Household Members

< <last year="">></last>	< <current year="">></current>	< <next year="">></next>

Relationships

Updates for Person 3?

	Current Relationship Status	
<< Person 1 >>	<<>>>	
Updates for Person 1?		
<< Person 2 >>	<<>>>	
Updates for Person 2?		
<< Person 3 >>	<<>>>	=
Updates for Person 3?		

Relationships for New Household Members

Name	Relationship to Head of Household

Additional Questions

(The Exchange will contact you for additional information)

	Y/N	Updates? (Y/N)
Are all members on this application US citizens?	<<>>>	
Is any member on this application affiliated with a tribe?	<<>>>	
Is any member on this application currently incarcerated?	<<>>>	
Does any member on this application use tobacco products?	<< >>	
Is any member on this application currently pregnant?	<<>>>	
Does any member on this application have other health insurance?	<< >>	
Are all members on this application residents of WA?	<< >>	

Correspondence ID: <<SystemNumber>>>

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Additional ScreeningQuestions (The Exchange will contact you for additional information)

Y/N

Someone in my household needs long-term care services because	<<>>>
they are currently living in or expect to move to a medical facility, like a nursing home?	
Someone in my household needs an in-home care-giver?	<<>>>
Someone in my household needs Assisted Living services?	<<>>>
Someone in my household needs services through the Division of Developmental Disabilities?	<< >>
Someone in my household needs Hospice care?	<<>>>
Do you need a disability determination because of a disabling condition expected to last 12 months or longer or result in death?	<< >>
Do you or someone in your household have any unpaid medical expenses incurred within three months of this application?	<< >>
Do you or someone in your household need coverage due to an emergency hospitalization, cancer or kidney disease?	<< >>

Last Confirmed Income

	Type of Income/Deduction	Monthly Income/Deduct ions Amount
<< Person 1 >>	<<>>>	<< >>
<< Person 2 >>	<<>>>	<< >>
<< Person 3 >>	<<>>>	<< >>
Total Household Income		<< >>

Income/Deduction Updates including new household members reported

Income	Member with Income/Deduction	Monthly Income/ Deduction Amount	Frequency (such as weekly/monthly)
Wages from employment			
Self-employment			
Dividend payments (stock/shares)			
Rental Income			
Unemployment/ Workers Compensation			
Social Security or Railroad benefits			
Veterans or Military benefits			

Correspondence ID: <<SystemNumber>> <CORR#>

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Pension, Annuity or IRA		
income		
Tribal gaming income		
Deductions		
Student tuition and fees		
Health Savings Account		
contribution		
Alimony/pre-tax retirement		
contributions/student loan		
interest/moving costs		
Self-employment		
Deductions		
Self-employment tax		
Self-employment retirement		
plan contributions		
Self-employment health		
insurance premiums		

Primary Applicants Name:	<< Individuals Name >>	
Primary Applicant Signature:		Date:



Manual Renewal

Manual Renewal

Examples of applications that are not eligible for autorenewal:

- Automated data-match shows income over the Apple Health (Medicaid) standard
- No data-match found

Manual Renewal

If the original application is determined not eligible for auto-renewal:

The individual will be sent a notification
 (Healthplanfinder-EE009) that informs them they
 must manually renew their Apple Health coverage.

The individual can complete their renewal:

- Online at <u>www.wahealthplanfinder.org</u>
- Call Healthplanfinder CSC at 1-855-923-4633
- Update the renewal document received, sign and return via:
 - Mail: PO Box 946, Olympia, WA 98507; or
 - Fax: 1-855-889-2266



Manual Renewal:

The EE009 notification informs the individual they must manually renew their health care coverage to continue receiving Apple Health.

Washington Health Benefit Exchange 521 Capitol Way South PO Box 657 Olympia, WA 98507



<<Date>>

- <<Individual Name>>
- << Individual Mailing Address>>
- <<City, State, Zip Code>>

Subject - Washington Apple Health Renewal Action Required

Dear << Individual Name >>,

It is time for us to review eligibility for Washington Apple Health. We reviewed your case to see if we could automatically renew Washington Apple Health. We are unable to renew Washington Apple Health for your household using current information that we have and worthousehold-using-current-information-that-we-have-and-uou-need-to-take-action-to-keep-your health-care-coverage.

[19-Year Old Age Out]

[Household Action Required]

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>:
- By email at <HBEEMAIL>;
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>;
- By mail at:

<HBEADDRESS1</p>
HBEADDRESS2
HBECITY
HBESTATE
HBEZIP>

You can drop off an application, renewal form, or any other documents requested by the

EE009



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Application ID: < < Application ID:

How to Process a Renewal

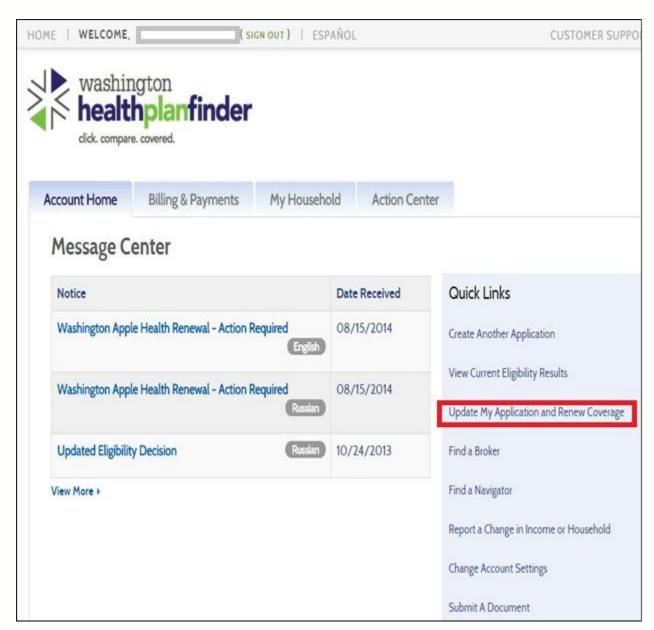
Let's process a renewal in Healthplanfinder!

- The following step-by-step process shows how to process an Apple Health renewal in Healthplanfinder (HPF), when an individual has an existing account.
 - Note: Apple Health users are not required to "create an account." Individuals continue to have the option on the "About You" screen to "Skip Account Creation."
 - Account Creation is strongly encouraged to simplify the referral process and locate the account in future visits to Healthplanfinder.



- Log in to your existing account in HPF.
- 2) Click on
 "Update my
 Application and
 Renew
 Coverage"
 under Quick
 Links

Note: This option appears 60 days prior to the end date and up to 90 days after coverage has ended for no renewal.





About You:

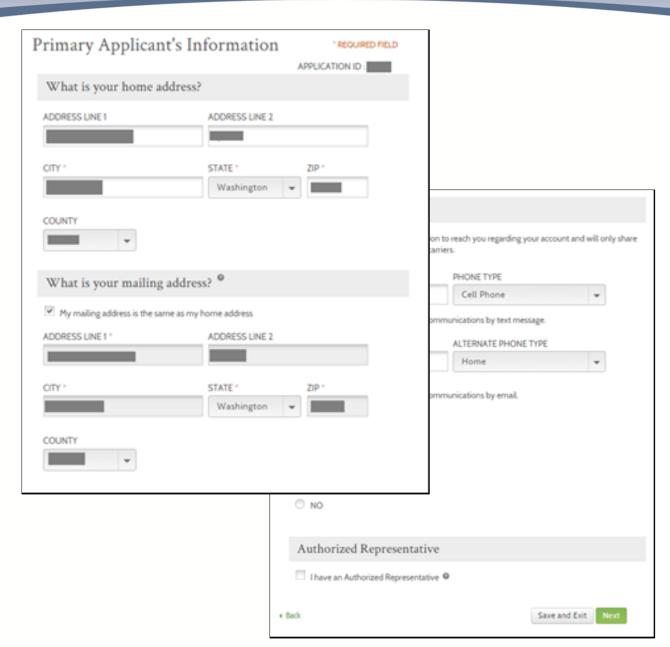
- 3) Information should be prefilled.
- Verify that information is correct.
- Make changes as needed.





Primary Applicant's Information:

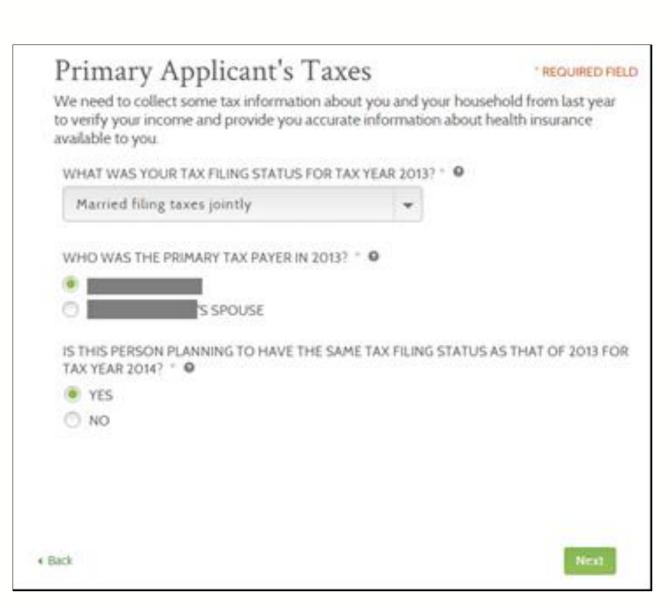
- 4) Information should be prefilled.
- Verify that information is correct.
- Make changes as needed.





Primary Applicant's Taxes:

- 5) Information should be prefilled.
- Verify that information is correct.
- Make changes as needed.



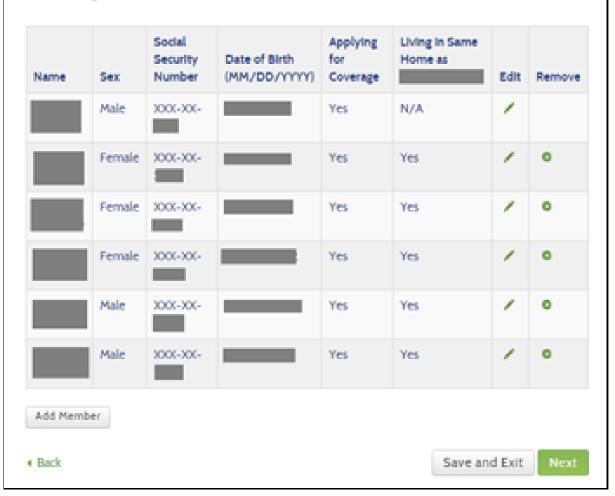


Other Household Members or Tax Dependents:

- 6) Information should be prefilled.
- This is where household members can be added/removed.
- Verify that information is correct. Make changes as needed.

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage





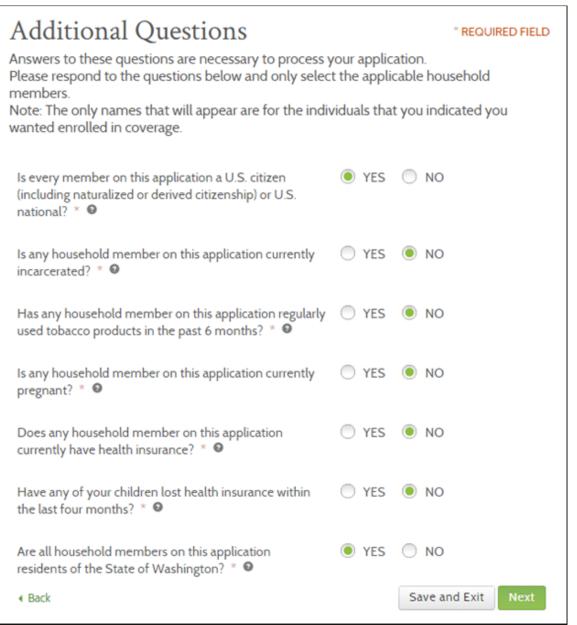
Set Household Relationships:

- 7) Information should be prefilled.
- Verify that information is correct.
- Make changes as needed.



Additional Questions:

- 8) Information should be prefilled.
- This is where to report a pregnancy or any changes in health insurance.
- Verify that information is correct. Make changes as needed.



Additional Screening Questions:

- 9) Information should be prefilled.
- LTC and retroactive coverage requests are updated here.
- Verify that information is correct. Make changes as needed.



Household Income and Deductions:

10) Information should be prefilled.

- Report any income changes.
- Verify that information is correct. Make changes as needed.



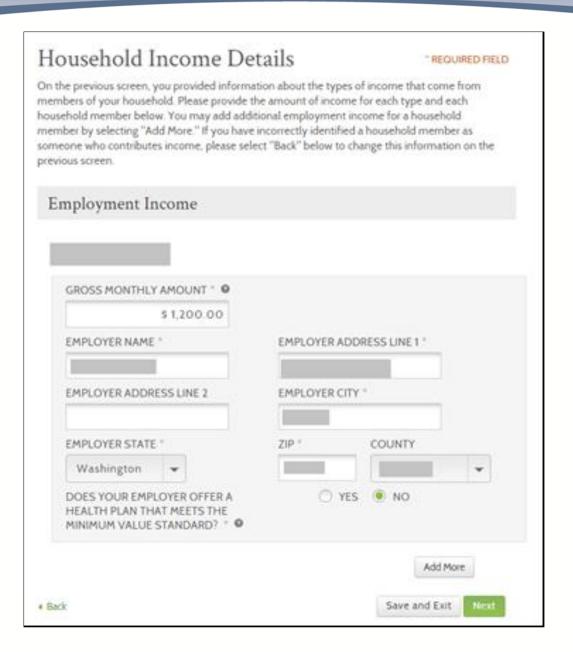




Household Income Details:

11) Information should be prefilled.

- Update income information.
- Verify that information is correct. Make changes as needed.

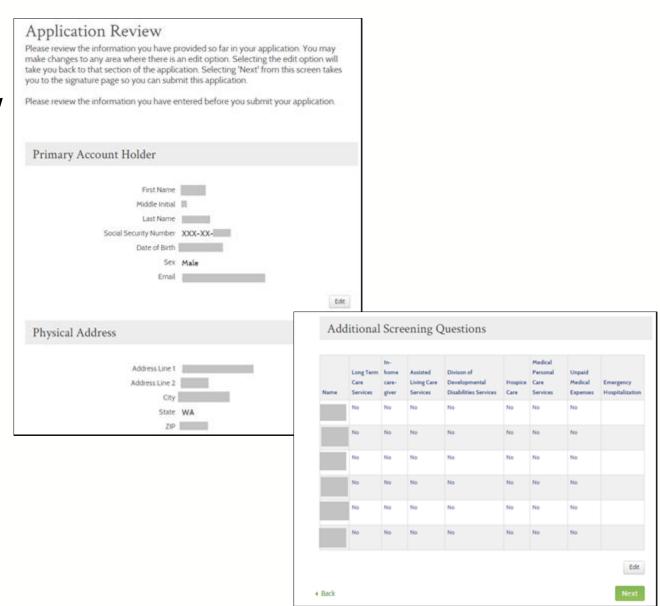




Application Review and Additional Screening Questions:

12) Information should be prefilled.

- Opportunity for final review.
- Verify that information is correct.





Primary Applicant's Signature:

- 13) Submitting the application.
- Certify that you understand your rights and responsibilities.
- E-sign the application.

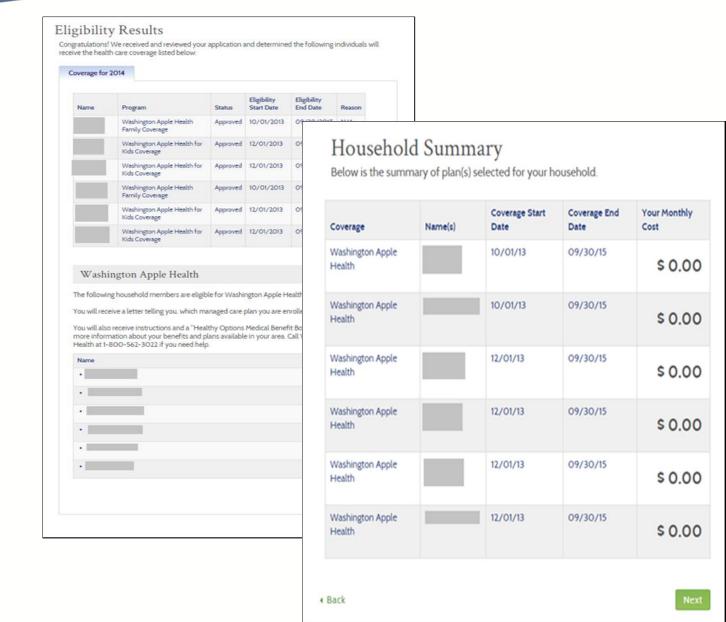
Primary Applicant's Signature * REQUIRED FIELD I have agreed to submit this application electronically. By signing this application electronically, I certify under penalty and false swearing that my answers are correct and complete to the best of my knowledge. I also certify that: · I understand the questions and statements within this application. I understand the penalties for giving false information or breaking the law. · I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf. · I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By checking this box and signing my name below, I confirm that I am completing e-signing this application on the applicant's behalf. In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder. I have read the Rights & Responsibilities * FIRST NAME * MIDDLE INITIAL LAST NAME * Eg. John Eg. Smith Eg. A Submit My Application ◆ Back



Eligibility Results/ Household Summary:

14) Review the final results.

- Eligibility
 Results
- Household Summary



Other Renewal Info

Lost your Healthplanfinder User Name or Password?

How to recover your HPF user name or password

 The following step-by-step process shows how to obtain your forgotten user name or password in Healthplanfinder.



HPF Home Page:

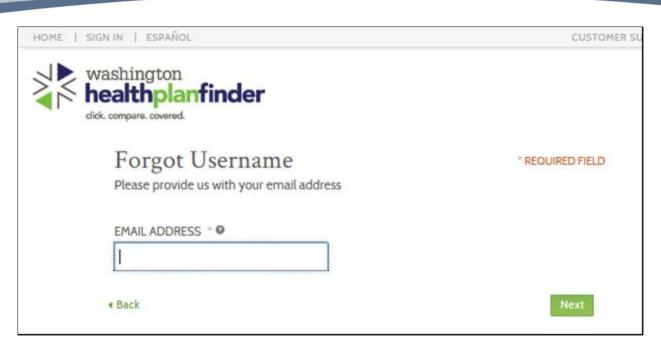
- Click either link at bottom right.
- Forgot your username?
- Forgot your password?
- Our first
 example is
 "Forgot my
 User Name?"

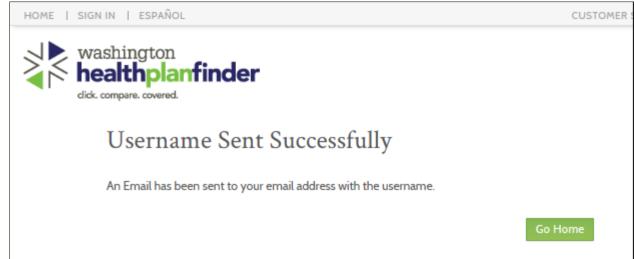


Create an account

Forgot User Name:

- 2) Provide an email address and click next.
- User name is sent to you via email.

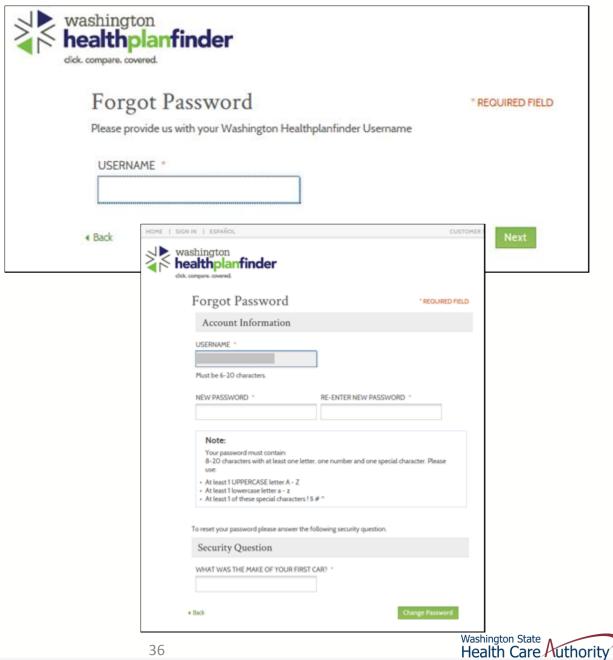






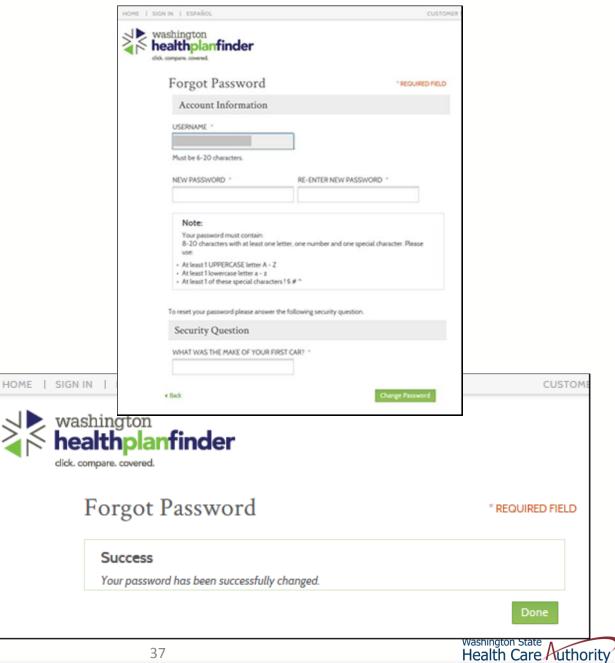
Forgot Password:

- 3) Provide your user name and click next.
- The Forgot **Password** screen will prompt you to create a new password.



Forgot Password:

- 4) Type in new password, reenter new password and answer Security Questions.
- If successful, you'll see this response.



Forgot your Email Address?

Many individuals created an email address specifically for use with Healthplanfinder. One year later they may have forgotten their email address.

- An individual may contact the HPF CSC at 1-855-923-4633 for assistance
- The HPF CSC will verify the individual's account information such as name, date of birth and SSN
- HPF CSC can provide the HPF username and email address and will direct them to the HPF home page to reset their HPF password
- If not successful, the HPF CSC can reset the HPF password



When other members are active on a QHP

Processing a renewal for Apple Health when others are active on QHP

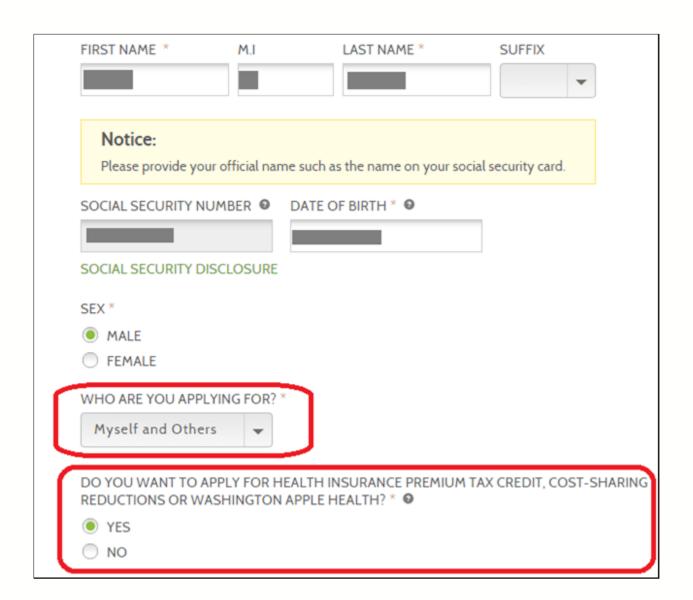
 When completing renewal and other household members are enrolled in a QHP, it is important to <u>not</u> change the answers to the following questions we will review in the next slides, unless the other member no longer wishes to seek coverage through Healthplanfinder.

Note: HIPTC/QHP applicants are required to "create an account" in Healthplanfinder.



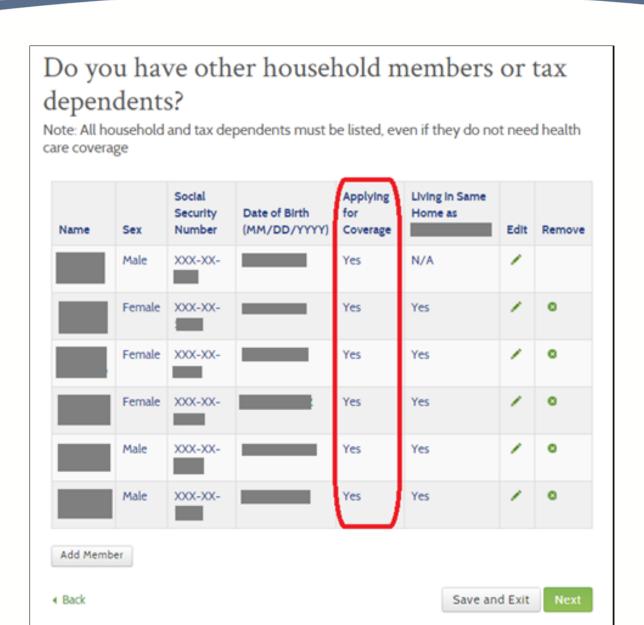
About You:

If everyone who has coverage still wants coverage (whether WAH or QHP), do not change the response for these two questions.



Other Household Members or Tax Dependents:

2) If everyone who has coverage still wants coverage (whether WAH or QHP), do not change the response from "yes" to "no" for the household member on QHP.



Missed Your Renewal?

90 days after coverage ends

- If found eligible for Apple Health within 90 days of coverage terminating, due to no renewal, coverage goes back to date of termination.
- No loss of coverage.



Renewals and Age Requirements

Age Reminders

System sends update reminders 60 days prior to individual's birthday

Individuals Turning 19

- No longer eligible for Apple Health for Kids under parents
- If income eligible for Apple Health, individual must apply for coverage on their own application

Note: If an individual qualifies only for HIPTC/QHP, they may remain on their parents QHP coverage up to age 26.



Renewal Outreach

Managed Care Plan training

 Renewal training conducted in September for the five Apple Health managed care plans, encouraging direct outreach to their members.

Statewide outreach

- Provided stakeholder training via webinar
- Renewal training presented at statewide community advocate meetings in September & October
- Shared renewal training via email with HCA Community Partners and statewide listservs
- Renewal process and webinar added to the HCA website

Resource & Contact Info

Cross Agency Desk Aid

Department of Social and Health Services			Health Benefit Exchange		Health Care Authority	
Community Services Division Customer Service Contact Center	Home & Community Services Long Term Care (LTC)	Long-Term Care Specialty Unit	Westington Hostinplenfinder Customer Support Center	Land Organizations In-Person Assistant Navigation	Medical Assistance Customer Service Center (MACSC)	Redical Digitality Determination Sendose (NEDS
1-677-601-2233 1-677-960-6220 (Annex Prome) 	No call center at HCS, Contact your trail office by deading at the discovered date as any front are the performance and account of	1885-873-8642 Was waiting or considering 1485-96-8008 (FAI)	1-855-923-9533 www.watesthyberfride.org patronourout/Dechartmen.org 1-955-935-256 (TAV)	Lead Organization Cartest Information wealthin at Jobs Association association continuous association	1400-90-002 http://briss.en.go/balptost pds/	1-895-525-6957 Hips: Printers are graft calling contacted
Apply for, report changes or never Pood, Cash and Child Cash programs (MAP, EDT, ASO, TANE, HEX, Workfles) Apply for Classic Medicald programs, 553, 654, and disabled Recard an appeal of Classic Medicald Food, Cash and Distoler programs Access Phone: Ac	Long-term care marking facility services In home care Assisted fivine or sold family frame. Nectional personal care Recursed an expect for LTC programs. WASHCAP (Food for housefolds whose only the	Medical coccers for dilents with developmental dissolities Hospics Healthcare for Workers with Dissolities (MMD) program (SSE) Children institutional (KM) Residental mental health eligibility questions	Apply for or recent with care coverage framilies, children, pregnant women and single adults) Health Insurance Premium Tax Cradit (1970); questions Castified Health Prime (CRP); questions Small Business Health Options (SHOP); questions—1-050-205-205 Izoate on Hill: In-person Assistant Medicator or Books Izoate on Hill: In-person Assistant Medicator or Books Tax Medicator or Books Tax Medicator of Books Request on account for detail of HPTCQUIP, Special Envolved or HILL on HILL or Assistant or call for information 1-465-459-2512	For system functionality with Healthclar Strate Status Cartie: The Healthclar Strate or system in the Part Strate Strate or position of the American Strate Strat	ProviderOne Clied Sentone Card Provider billing and dains questions Apple Heath Managed Care employed, and questions ProviderOne Sensiti coverage questions	Again Health Modified Addassed Gram Income (MADI) Medical eligibility operations (families, otherwise and single adults) Post-Eligibility Crew Review assettions or record changes Again Health for Kids or resultan payment questions (CHP) Requestions (CHP)

information). If you prefer to call them, the hours of operation are (from 0:00 are to 0:00 pre) and again that phone number is (xxxx-xxxx).

Hours of specifier: 0:00 are - 5:00 pm, Monday - Priday (except state holidays).

Please have your Ollent ID or Stocks Security Number available.

Hours of operation: 0:00 are -5:00 pm, Monday - Friday (wodey) state holidays).

Peace have your Client ID or foots: Security Humber available.

Hours of operation: 0:00 am - 5:00 pro, Monday - Priday (supept state holdeys).

Please have your Client Chor-Social Security Number available. Hours of operation: 7:50 am - 0:00 pm, Wonday - Friday (wough state holidays)

Please have your HPF application (C) or Social Security Number available.

Hours of operation are generally 8:00 am - 5:00 pm, Monday - Priday (woder holidays)

For application leaves, please have the HPF application ID available.

Hours of operation: 1100 att -5100 pm, Monday - Friday texcept state holidays).

Please have your Application E). Client ID: Provider One Client ID or local Security Number profession.

Hours of operation: 7:30 an -7:00 pro Monday - Friday (woospt. State holidays).

Please have your Application ID, Olient ID or Social Security Number available

iP Morgan/Chase 1-888-328-9271 (36hm) www.ucard.chase.com

- EBT Card Replacement and Balance information.
- Change PIN number
- . Client will need their GRT card number and Social Security Number

Last Undeted ON TO 7004

Office of Financial Recovery 1-800-563-6114

- 05H5 Overpayments
- Premium Payments
- Estate Recovery

Office of the insurance Commissioner 5-800-542-6900

- Complaints against insurance agents, brokers and producers, or
- Insurance regulations:

Referred Communications Committee



HCA Community-Based Specialists

HCA has placed a community-based eligibility worker in most counties across the state.

These specialists can assist with answering your questions about MAGI Medicaid eligibility.

Staff are available to assist with renewals, including system issues or questions.

You may find an updated list of these HCA staff at the following link on the HCA Training & Education web page:

www.hca.wa.gov/hcr/me/Documents/Community_Based_Staff_Contact

_pdf

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Washington State Health Care Authority

HCA Area Representatives

Area	Counties	Representative
East	Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Mark Westenhaver mark.westenhaver@hca.wa.gov 360-725-1324
North Central	Adams Chelan Douglas Grant Okanogan	Dody McAlpine dody.mcalpine@hca.wa.gov 360-725-9964
South Central	Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima	Karin Kramer <u>karin.kramer@hca.wa.gov</u> 360-725-0754
North West	Island San Juan Skagit Snohomish Whatcom	Amy Johnson amy.johnson@hca.wa.gov 360-725-1329

HCA Area Representatives

Area	Counties	Representative
King	King	Rebecca Janeczko rebecca.janeczko@hca.wa.gov 360-725-0752
Central West	Clallam Jefferson Kitsap Mason Pierce	Melissa Rivera melissa.rivera@hca.wa.gov 360-725-1713
South West	Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum	Colleen Clifford colleen.clifford@hca.wa.gov 360-725-1321



Additional Medicaid Resources

- HCA Training & Education Resources
 www.hca.wa.gov/hcr/me/Pages/training_education.aspx
- Cross-agency Desk Aid
 http://www.hca.wa.gov/hcr/me/Documents/customer_support_centerrals.pdf
- HCA Community-Based Specialists
 http://www.hca.wa.gov/hcr/me/Documents/Community_Based_Staff_Contact.pdf
- Questions? Contact Us <u>medicaidexpansion2014@hca.wa.gov</u>



Future Webinars

Next scheduled HCA Medicaid Update webinar:

To Be Determined

- Moving to a "as needed" schedule.
- Registration announcement will be sent via various email distribution lists when a date is selected.
- Send suggestions for future webinars to: <u>medicaidexpansion2014@hca.wa.gov</u>



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